



Salt River Pima Maricopa Indian Community W.I.S.H. Parent Education Program



FIRST THINGS FIRST

Ready for School. Set for Life.

azftf.gov



Applicant's Information:

Name: _____ Email: _____

Address: _____ City/State/Zip Code: _____

Phone: (Cell) _____ (Home) _____

Best time to be contacted: _____

How did you hear about the program? _____

Which incentive would you prefer to receive each class?

☐ Diapers & Wipes: (Size) _____ **OR** ☐ Educational Items (Toy, Games, Books)

Child's/Children's Information:

Childcare Available for Children 5 and Under ONLY.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Will you need childcare for your children while you attend class? ☐ YES ☐ NO

Please share any concerns you have about your child:

Are there topics or areas of interest that may appeal and that can be presented to you?

My signature acknowledges that; I am interested in participating in the program, the information provided is accurate and I am aware that all information will be kept confidential.

Applicant's Signature

Date

Please turn completed applications to Pamela Prasher at ECEC or call 480-362-2246. Thank you.